

Awana Clubber Registration

BMBC AWANA Club

Club Year: 2013-2014

- Please Print -

715 Chestnut Lane
Easton, PA 18045

| | | |
|--|--------------------------------|-----------------------|
| <u>Parent /Guardian</u> | <u>Number / E-mail address</u> | <u>Contact Person</u> |
| Name(s): _____ | Home Phone: _____ | _____ |
| Address: _____ | Work Phone: _____ | _____ |
| City: _____ State: _____ Zip: _____ | Cell Phone: _____ | _____ |
| Home Church: _____ | E-Mail: _____ | _____ |
| Persons (other than parents) authorized to pick up the children: _____ | Other: _____ | _____ |
| _____ | Emergency*: _____ | _____ |

* Emergency Contact During Club Time (other than parents)

| <u>Child's First and Last Name</u> | <u>Nickname</u> | <u>Birth Date</u> | <u>Gender</u> | <u>Grade</u> | <u>School</u> | <u>Need Book</u> | <u>Need Uniform</u> |
|------------------------------------|-----------------|-------------------|---------------|--------------|---------------|--------------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Medical (Food allergies, Medications, Special Needs)

I am interested in helping: Weekly Every other week Monthly For Special Events

Note: All AWANA Club leaders and listeners must submit to a background check and AWANA training before working with the children.

Terms and Conditions

- 1) I understand that my child/children may participate in physical activities such as those held during Game Time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Bethel Memorial Baptist Church and any persons involved in the Awana Club ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the AWANA volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I grant permission for a photo of my child to appear in an unpublished club directory to be used by Awana Leaders only. I also give permission for photo(s) of my child to appear among other general club photos as long as there is no identifying information shown.
- 4) I grant permission for my child to travel to/from Awana Club events with an adult leader. Any such event will be clearly communicated with me beforehand.
- 5.) Any and all information provided to the church shall be used for the purposes of Awana and will not be disseminated or distributed for any other purpose.

I have read and agree to the terms and conditions stated above

X _____
Signature of Parent/Guardian Date

Office Use

Fees:

Book _____

Uniform _____

Total Due _____

Amt Paid _____
